

P16000013599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

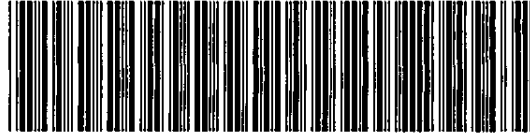
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
16 JAN 28 PM 2:50
ADAMS COUNTY
COURT CLERK'S OFFICE

2/11/16

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Vast Terrain, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Carl Gillert

Name (Printed or typed)

10740 Cory Lake Drive

Address

Tampa, FL 33647

City, State & Zip

321-217-3016

Daytime Telephone number

carl_gillert@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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16 JAN 28 PM 2:50

EFFECTIVE DATE 01/27/16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Vast Terrain, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
10740 Cory Lake Drive
Tampa, FL 33647

Mailing address, if different is:
Same
SECRETARY OF STATE
ALBANY, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carl Gillert, CEO

Address: 10740 Cory Lake Drive
Tampa, FL 33647

Name and Title: Carriann Banacki-Gillert, President

Address: 10740 Cory Lake Drive
Tampa, FL 33647

Name and Title: Carl Gillert, Secretary

Address: 10740 Cory Lake Drive
Tampa, FL 33647

Name and Title: Carl Gillert, Treasurer

Address: 10740 Cory Lake Drive
Tampa, FL 33647

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Carl Gillert

Address: 10740 Cory Lake Drive

Tampa, FL 33647

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carl Gillert

Address: 10740 Cory Lake Drive

Tampa, FL 33647

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/27/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

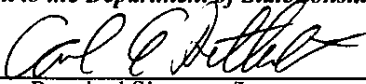


Required Signature/Registered Agent

1/23/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1/23/16

Date